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Scottish Hospital Centre
INFORMATION SHEET

WARDROBE

A surface-mounted wardrobe incorporating bed-head services

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Introduction

The development of this wardrobe sprang from an approach to the Scottish Hospital Centre by the Western Regional Hospital Board and Sir Basil Spence, Glover & Ferguson, the architects of the new Glasgow Royal Infirmary. They wished to follow the advice in the Scottish Home and Health Department's Ward Planning Note to incorporate a wardrobe within each patient's curtained bed area. They wanted, however, to investigate the possibility of providing a wardrobe without building it in flush with the partition. Built-in wardrobes necessarily result in more complicated and expensive partitions, and the increased total thickness of the partitions multiplied by the number of bed rooms concerned results in an unacceptable increase in the length and cost of the building. The object was to establish whether a surface mounted wardrobe could be accommodated within a multi-bed room without restricting nurse observation or patient-to-patient communication or presenting other aesthetic or practical difficulties.

A preliminary discussion at the Centre, at which the possible dimensions of the wardrobe were roughly demonstrated with sheets of polystyrene, gave reason to think that a fairly shallow surface mounted wardrobe would be acceptable. It appeared also possible that the wardrobe could accommodate the various bed head services, thus relieving the partitions of any ducting complications, and it was agreed that the Centre should develop the original design.

The designers first made a rough mock-up of chipboard so that the probable overall dimensions of the wardrobe could be seen in relation to a bed, and so that features required (and others not required) could be clarified in consultation with medical and nursing advisers. Following this a revised and more finished version was made and re-assessed and the services implications discussed with an engineer. The final modified form was then discussed with the furniture manufacturer who produced the prototype.

Function

The functions of the wardrobe as finally resolved are simple and few. There is space for hanging clothes with shoes underneath, and above this there is space for any bag or case of reasonable dimensions. All bed head services can be accommodated.

The wardrobe does not attempt to take over the function of the mobile bedside locker. With the increasing mobility of beds and the frequent transfer of patients from one part of a ward unit to another, or indeed to another unit, the storage of patients' belongings should also be mobile as far as possible. It is relatively simple when moving a patient in his bed to take along a bedside locker which is exchanged for another empty one, and in one sense it is desirable to have as few of the patient's possessions in the fixed wardrobe as possible to reduce the number of separate items which may have to be transferred to another wardrobe. This can be reduced to the patient's hanging clothes, his bag or case, and possibly his hat and shoes.

Design

The overall size of the wardrobe is 2′ 3″×9″ deep. With beds at eight feet centres this width fits conveniently between the bed and the curtain, and the depth does not interfere with nurse observation, access to the patient in bed, or with the view one patient has of his neighbour. The bottom of the wardrobe is 12″ clear of the floor to simplify floor cleaning, and the wardrobe extends up to the ceiling. The suitcase shelf is 5′ 6″ above floor level which is low enough to reach a case or clean the shelf and high enough to give hanging space for clothes underneath, possibly on a captive coat-hanger. The door to this upper section can only be opened after the lower door so that it is unlikely to be left open and endanger someone's eye. The wardrobe is fitted on the patient's right and the services are arranged on the side nearest to the patient. Earlier thoughts of placing the services on the gable end of the wardrobe were discarded because of possible damage by mobile beds, especially with orthopaedic and other attachments.

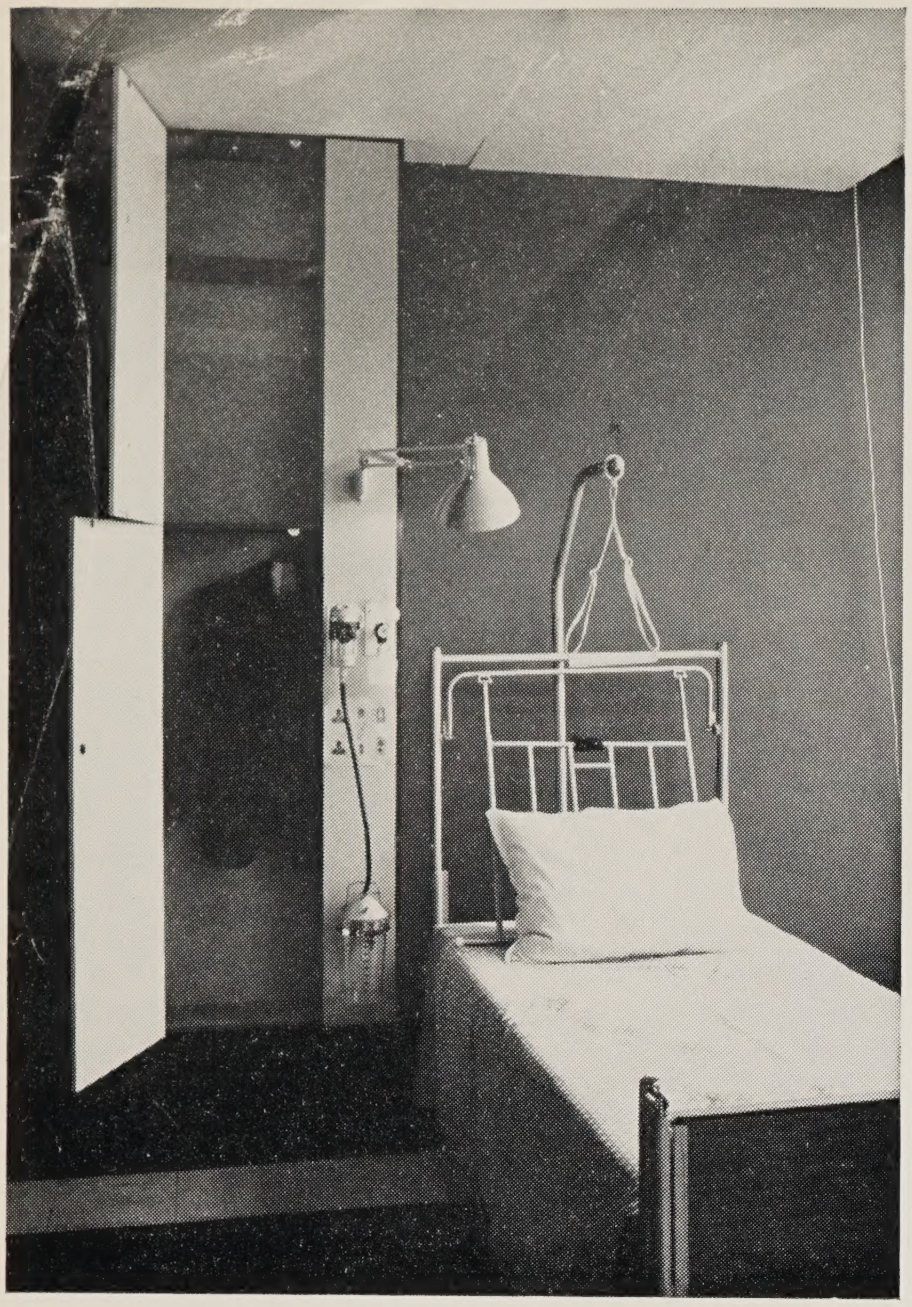
The services required would be specified by the hospital in question, and, given a reasonable production run, the various terminals could be printed in with the melamine face rather than fitted separately. The fact that the patient's control panel on the wardrobe is 9″ in front of its customary position on the wall behind the bed may make it sufficiently more accessible to dispense in many cases with complicated and expensive handsets. The simple extension lead to a press button nurse call would of course still be required for some patients. The prototype wardrobe is made largely of chipboard; gables are timber veneered and edged and front panel and doors are melamine faced.

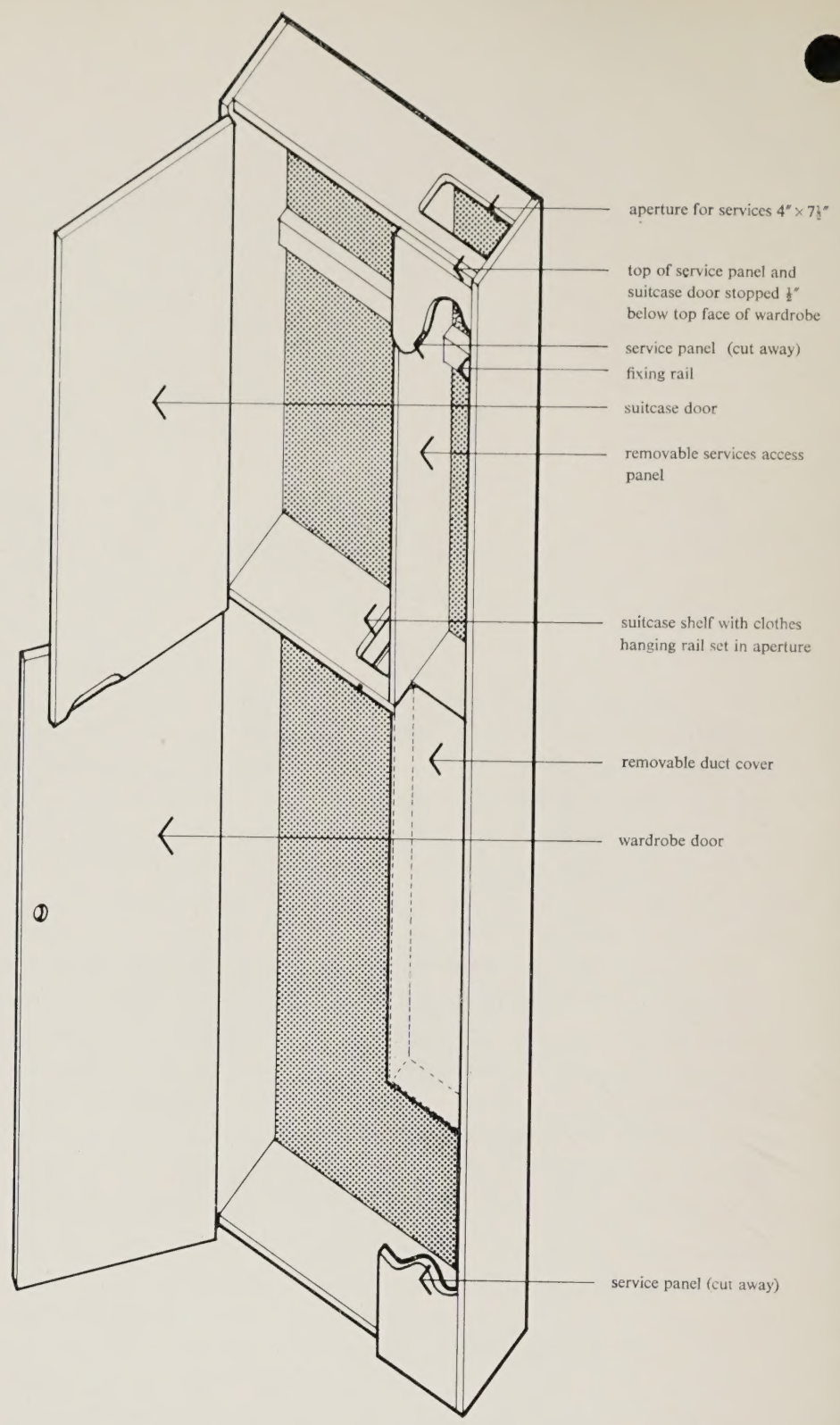
Fitting

All the service terminals could be incorporated in the wardrobe in the factory ready for connection to the services in the ceiling void. So far as the hospital building is concerned both the floor and the partitions are straightforward with no complicated shapes; floor and wall finishes can be completed and the services in the ceiling void left with open connections at ceiling apertures at the appropriate places. The completed wardrobe is then brought in and offered up to the ceiling. The fixing rail can be adjusted to any height to suit the requirements of the particular partition. The service connections are then made and the duct cover replaced. It is thought that the saving made by fitting all the service terminals in the factory with a substantial saving in time and labour for fitting on the site would go a long way towards offsetting the cost of the wardrobe unit which ought to be less than £20.

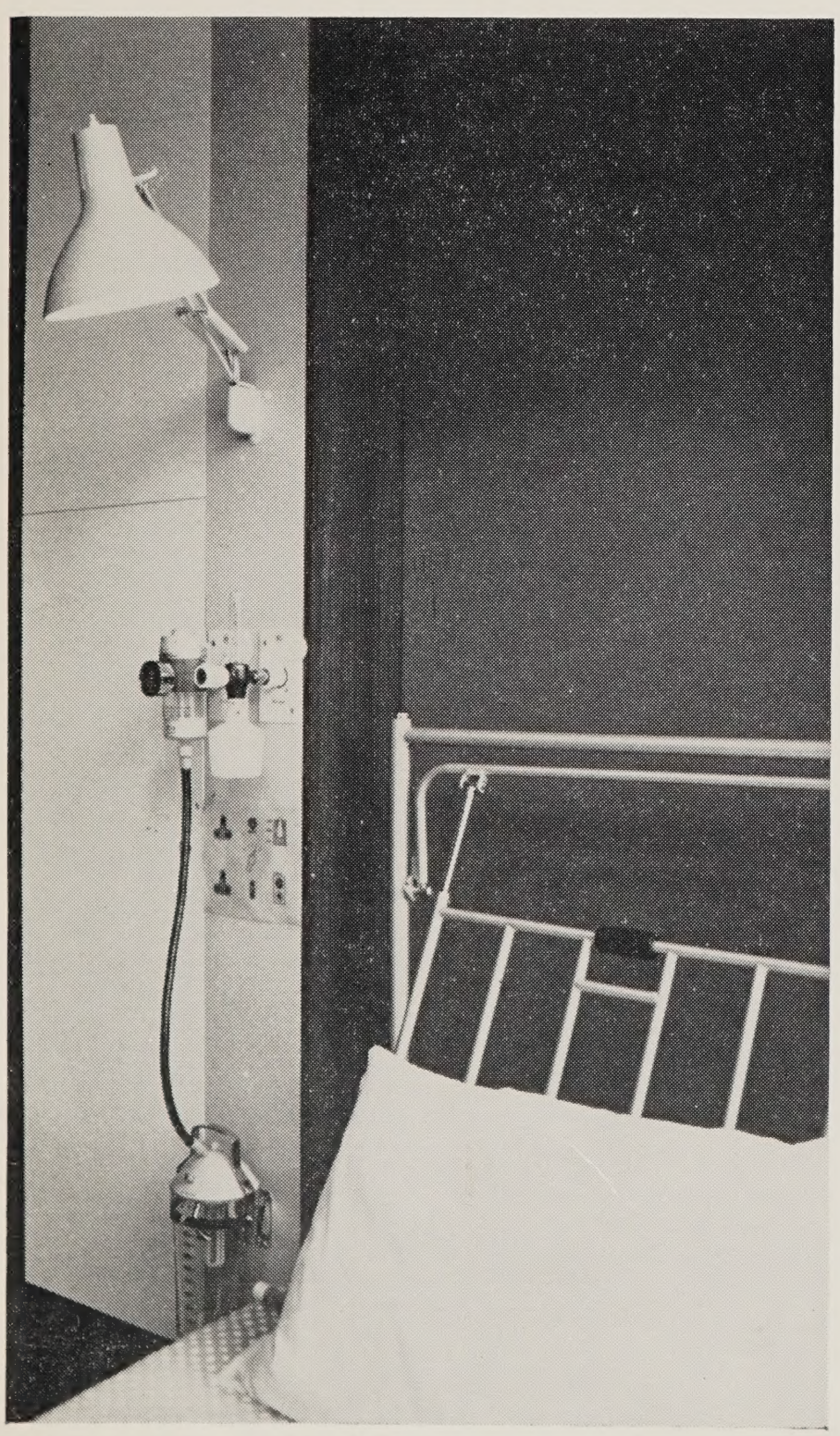
Although the wardrobe was conceived for a new building with 9′ suspended ceilings in the wards, it may have application in alterations and upgradings in existing old wards. It may well offer a simple way of introducing previously non-existant services to the patient without the customary time consuming chasing of walls for pipes and conduits.

This information sheet was prepared by an architect, A. R. H. BOTT, and an industrial designer, M. J. BEESE.

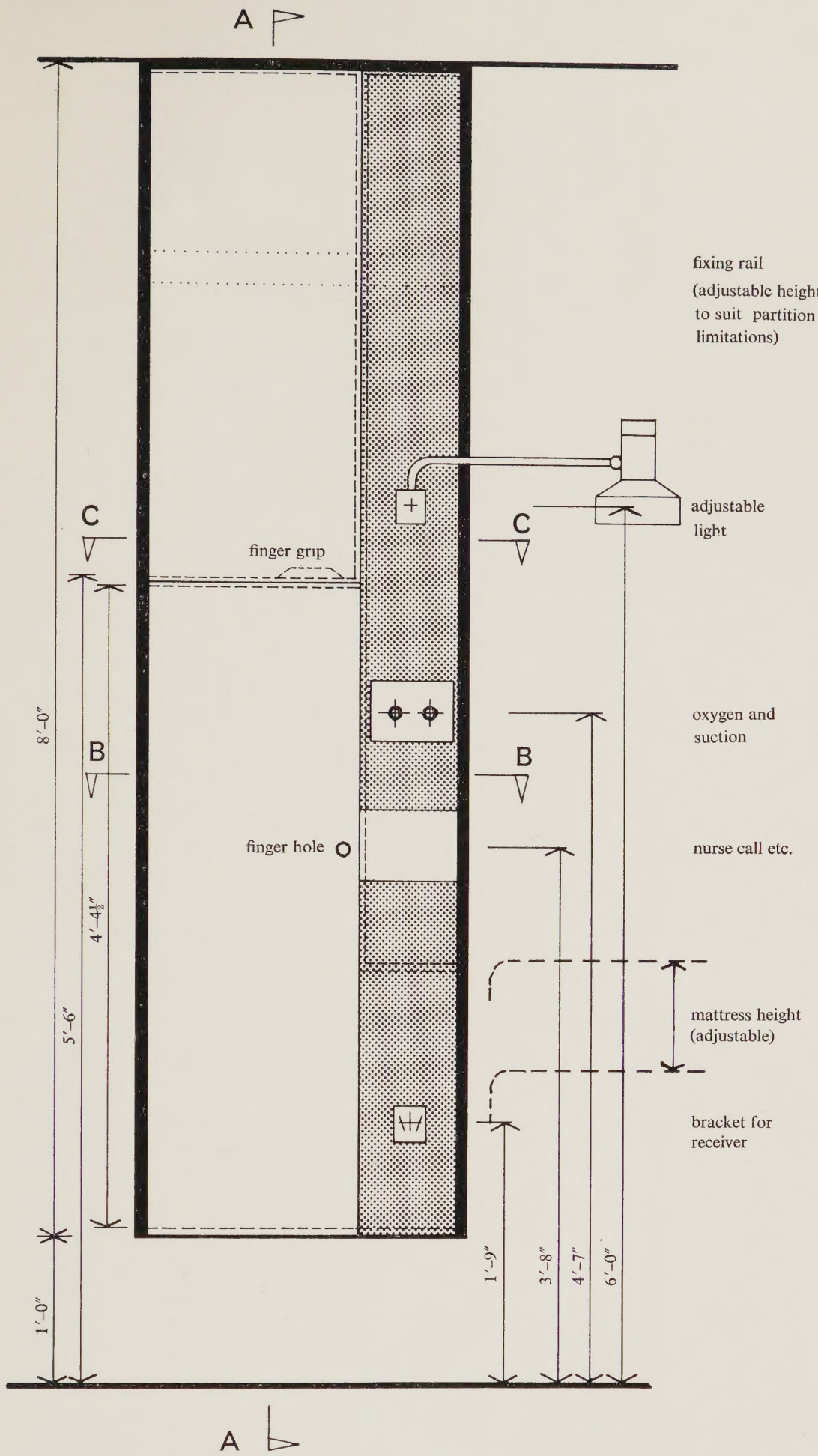




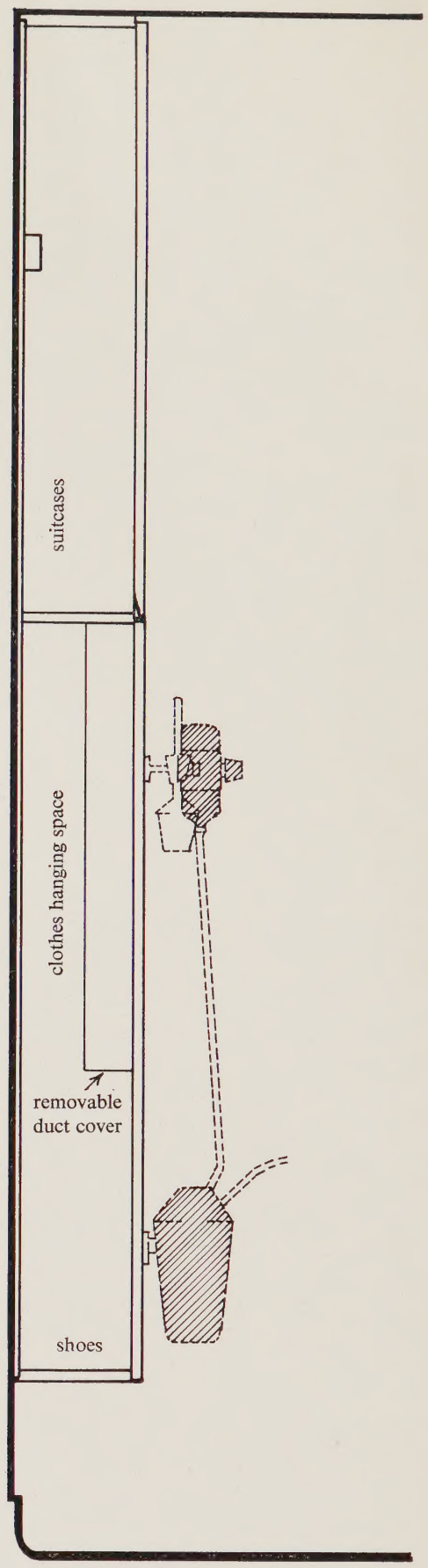
Axonometric drawing



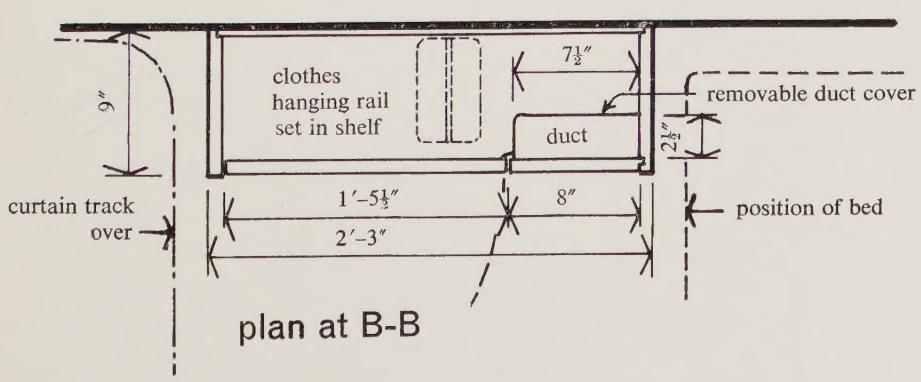
The photographs show the prototype with oxygen and suction attachments in position. These, and other services shown, would be incorporated as specified by the client.



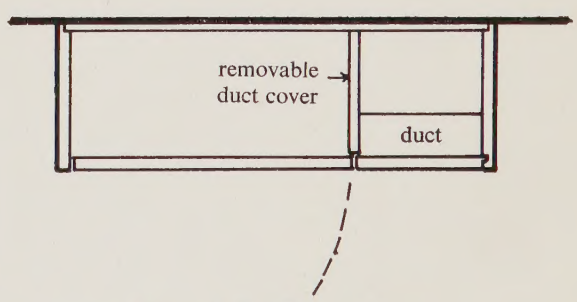
elevation



section A-A



plan at B-B



plan at C-C

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